

FEC  
FORM 3

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
BY THE SENATE  
14 OCT 20 PM 3:47

Office Use Only

1. NAME OF  
COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Bob Quast for Term Limits, Inc.

ADDRESS (number and street)

P O Box 8

Check if different  
than previously  
reported. (ACC)

Davenport

IA 52805

2. FEC IDENTIFICATION NUMBER ▼

000562769

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

IA 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

In the  
State of

5. Covering Period

07 01 2014

through

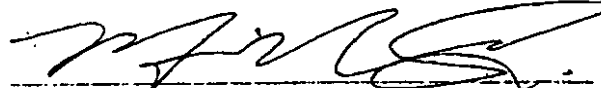
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael J. Roelens, Sr.

Signature of Treasurer



Date

10 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3  
(Revised 02/2003)

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